

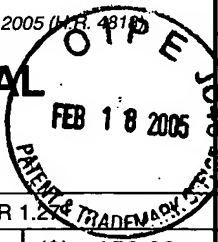
IFW

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/825,796	
	Filing Date	March 29, 2004	
	First Named Inventor	John L. Cesulka	
	Art Unit	2811	
	Examiner Name	Douglas W. Owens	
Total Number of Pages in this Submission	11	Attorney Docket Number	AFD 666

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to a Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks		<div>RECEIVED MAR - 1 2005 OIPE/JCVS</div>
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Firm or Individual Name	GERALD B. HOLLINS	
Signature	<i>Gerald B Hollins</i>	
Date	<i>15 February 2005</i>	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature	<i>Gerald B Hollins</i>	
Typed or printed name	GERALD B. HOLLINS	Date February 16, 2005

FEE TRANSMITTAL for FY 2005



Complete if Known

Application Number	10/825,796
Filing Date	March 29, 2004
First Named Inventor	John L. Cesulka
Examiner Name	Douglas W. Owens
Group Art Unit	2811
Attorney Docket Number	AFD 666
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	
TOTAL AMOUNT OF PAYMENT	(\$ 150.00)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number AF 01-0465 Deposit Account Name: Department of the Air Force

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
23	- 20 or HP = 3	50	150
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	200	0

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
360	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	x 100 = 0	/ 50 = 0 (round up to a whole number)	x 250 =	0

4. OTHER FEES

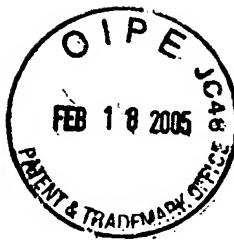
Non-English Specification, \$130 fee (no small entity discount)

Other: _____ Fee Paid (\$): 0

SUBMITTED BY

Signature	<i>Gerald B. Hollins</i>	Registration No. (Attorney/Agent)	25,452	Telephone	(937) 255-2838
Name (Print/Type)	GERALD B. HOLLINS			Date	15 Feb 2005

Signature		Registration No. (Attorney/Agent)		Telephone	
Name (Print/Type)				Date	



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/825,796 Confirmation No. : 9100
Applicant(s) : John L. Cesulka
Filed : 29 March 2004
TC/AU : 2811
Examiner : Douglas W. Owens
Docket No. : AFD 666
Customer No. : 26902

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of 10 December 2004, please amend the above-identified application as follows:

There are no **Amendments to the Specification** in this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

There are no **Amendments to the Drawings** in this paper.

Remarks/Arguments begin on page 7 of this paper.